

**Attendance Roster**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of Fire Fighter Training  
P.O. Box 30700  
Lansing, MI 48909  
517-373-7981

Authority: 1966 PA 291

COURSE NAME	COURSE NUMBER
SUBJECT	LEVEL

Assigned Student Number	Student Names (Type or Print)	Student Signatures
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**NOTE: Instructor signature required on back of form.**

Assigned Student Number	Student Names (Type or Print)	Student Signatures
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

I (we) certify all of the curriculum objectives for the portion of the subject covered on this date have been taught.

\_\_\_\_\_

DATE

\_\_\_\_\_

PROBATIONARY INSTRUCTOR'S NAME (Print)  
(If Applicable)

\_\_\_\_\_

PROBATIONARY INSTRUCTOR'S SIGNATURE

\_\_\_\_\_

START TIME

\_\_\_\_\_

CERTIFIED INSTRUCTOR'S NAME (Print)

\_\_\_\_\_

CERTIFIED INSTRUCTOR'S SIGNATURE

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